

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

00293

Reg. Dist. No. 51

1. PLACE OF DEATH:

County Calvert
 City or town Willows
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death?
 Hospital, institution, or street address where death occurred:
 How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State Maryland County Calvert
 City or town Willows, Md.
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. _____
 (If rural, give LOCATION)
 2. (a) If veteran, name war _____

3. (a) FULL NAME

MABLE BROWN

3. (b) Social Security Number

4. Sex F 5. Color or race C 6. (a) Single, married, widowed, or divorced

6. (b) Name of husband or wife _____ 6. (c) If alive, give age _____ years

7. Birth date of deceased (mo., day, yr.) Dec 9, 1946

8. AGE: Years 1 Months 1 Days 16 If less than one day _____ hrs. _____ min.

9. Birthplace Md.
 (Town, county, and state)

10. Usual occupation _____

11. Industry or business _____

FATHER 12. Name Carl J. Brown

13. Birthplace Md.

MOTHER 14. Maiden name NANCY BROWN

15. Birthplace Md.

16. Informant CARL J. BROWN

Address Willows

17. BURIAL Date thereof 1-27-48
 (Burial, cremation, or removal, Which?) (month) (day) (year)

Cemetery or crematory St. Edwards

Location Cal.

18. Funeral director P. E. SEWELL

Address PRINCE FREDERICK

1-26 19-48 Newman

19. (Date rec'd by registrar) _____ Registrar _____

MEDICAL CERTIFICATION

20. DATE OF DEATH 1-25 19 48 at 7:30 P

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from _____ 19 _____ to _____ 19 _____ and that I last saw him _____ alive on _____ 19 _____

Immediate cause of death Bronchopneumonia DURATION ?

Due to Whooping Cough

Due to _____

Other conditions _____

(Include pregnancy within 3 months of death)

Major findings of operations _____

Date of op. _____

Autopsy results _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____ (City or town) _____ (County) _____ (State)

Injured at home, farm, industry, public place (where?) _____

Mens of injury _____ injured at work?

23. SIGNATURE [Signature] M. D. or other _____

Address During Md Date signed _____

RECEIVED

FEB 3 1948

BUREAU OF

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

00294

Reg. Dist. No. 51

1. PLACE OF DEATH: Calvert Hospital
 County.....
 City or town..... Prince Frederick
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death?
 Hospital, institution, or street address where death occurred:
 How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
 (For newborn infants give residence of mother)
 State..... Maryland County..... Calvert
 City or town..... Prince Frederick
 (If outside city or town limits, write RURAL and give nearest town)
 Street No.....
 (If rural, give LOCATION)
 2.(a) If veteran, name war.....

3. (a) FULL NAME Rachel Dixon

3. (b) Social Security Number

4. Sex F 5. Color or race C 6. (a) Single, married, widowed, or divorced X

6. (b) Name of husband or wife Henry Dixon
 6. (c) If alive, give age..... 7 years

7. Birth date of deceased (mo., day, yr.) 1898

8. AGE: Years 56 Months Mar Days If less than one day
 hrs. min.

9. Birthplace md
 (Town, county, and state)

10. Usual occupation Domestic

11. Industry or business

MOTHER FATHER 12. Name John Henry Washington
 13. Birthplace md.

14. Maiden name Sueie Kent

15. Birthplace md.

16. Informant Annie Jefferson
 Address Blue Point

17. Buried Date thereof 1-28, 48
 (Burial, cremation, or removal, Which?) (month) (day) (year)

Cemetery or crematory Carrolls

Location Calvert

18. Funeral director P.E. Sewell

Address Prince Frederick

19. 1-27 19 48 N.W. Ward
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH..... 1-25 19 48 at..... M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

..... 19..... to..... 19.....

and that I last saw h..... alive on..... 19.....

Immediate cause of death..... DURATION

Exposure to cold
due to hemophilia
while lying down

Due to.....

Due to.....

Other conditions.....

(Include pregnancy within 3 months of death)

Major findings of operations.....

..... Date of op.

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of.....

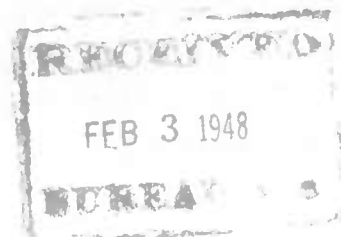
Where did injury occur? Barstow Calvert Hosp
 (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) Home

Means of injury Cold weather Injured at work?

23. SIGNATURE H. J. Sewell M. D. or other

Address Prince Frederick Date signed.....



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct use of this form is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

1868

00295

CERTIFICATE OF DEATH

Reg. Diat. No. 51

1. PLACE OF DEATH:

County Calvert
 City or town Prince Frederick Md.
 (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Calvert
 City or town Lusby
 (If outside city or town limits, write RURAL and give nearest town)

Street No. _____
 (If rural, give LOCATION)

2.(a) If veteran, name war _____

3. (a) FULL NAME

4. Sex M 5. Color or race C 6.(a) Single, married, widowed, or divorced Widowed

6.(b) Name of husband or wife _____

7. Birth date of deceased (mo., day, yr.)

6.(c) If alive, give age _____ years

8. AGE: Years 72 Months _____ Days _____
 (If less than one day) _____ hrs. _____ min.

9. Birthplace Calvert Co Md
(Town, county, and state)10. Usual occupation Laborer

11. Industry or business _____

MOTHER FATHER
 12. Name John Gross
 13. Birthplace Calvert Co Md.
 14. Maiden name Unknown
 15. Birthplace _____

16. Informant P. E. Sewell
 Address Pr. Fred.

17. Burial Date thereof 1-31-48
 (Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory St. Johns
 Location Lusby, Md.

18. Funeral director P. E. Sewell
 Address Prince Frederick, Md

19. 1-30 19 48 H. W. Coons
 (Date rec'd by registrar) Registrar

3. (b) Social Security Number

MEDICAL CERTIFICATION

20. DATE OF DEATH January 29 19 48 at 2:45 P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from _____ 19 _____ 19 _____

and that I last saw him _____ alive on _____ 19 _____

Immediate cause of death Shock following DURATION _____
fractured leg

Due to _____

Due to _____

Other conditions _____

(Include pregnancy within 8 months of death)

Major findings of operations _____

Date of op. _____

Autopsy results _____
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide accident Date of _____

Where did injury occur? Lusby Calvert Md.
 (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) homeMeans of injury fall from ladder Injured at work? _____23. SIGNATURE H. W. Coons M. D. or other _____Address Prince Frederick, Md Date signed _____

RECEIVED
FEB 3 1948
SOMEA

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

00296

Reg. Dist. No. 52

1. PLACE OF DEATH:

County CALVERT County
 City or town PRICE KENNEDY RD
 (If outside city or town limits, write RURAL and give nearest town)
 How long in abt place of death? 36 HOURS
 Hospital, institution, or street address where death occurred:
CALVERT COUNTY HOSPITAL
 How long in hospital or institution? 36 HOURS

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State MD County CALVERT
 City or town NORTH BEACH MD
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. _____
 (If rural, give LOCATION)
 2.(a) If veteran, name war _____

3. (a) FULL NAME

MR. OREN HALL

3. (b) Social Security Number

4. Sex MALE 5. Color or race WHITE 6.(a) Single, married widowed or divorced
 6.(b) Name of husband or wife _____
 6.(c) If alive, give age _____ years
 7. Birth date of deceased (mo., day, yr.) DECEMBER 1875
 8. AGE: Years 72 Months _____ Days _____ If less than one day _____ hrs. _____ min.

9. Birthplace ANNE ARUNDEL COUNTY
 (Town, county, and state)
 10. Usual occupation RETIRED
 11. Industry or business _____
 12. Name Unknown
 13. Birthplace _____
 14. Maiden name Unknown
 15. Birthplace _____

16. Informant SON - RUSSELL D HALL
 Address NORTH BEACH
 17. Burial Date thereof Feb 3 48
 (Burial, cremation, or removal. Which?) (month) (day) (year)
 Cemetery or crematory Mt Harmony Cemetery
 Location Mr. Cwings Ind. &
 18. Funeral director W. H. Hutchings
 Address Cwings Ind
 19. Feb 1 19 48 Grace L. Hutchings
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 1-30-1948 19 48 at 12 AM
 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from _____ 19 _____ to _____ 19 _____
 and that I last saw him _____ alive on _____ 19 _____
 Immediate cause of death CORONARY OCCLUSION DURATION _____
 Due to _____
 Due to _____
 Other conditions _____
 (Include pregnancy within 3 months of death)

Major findings of operations _____ Date of op. _____
 Autopsy results _____
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
 Accident, suicide, or homicide _____ Date of _____
 Where did injury occur? _____ (City or town) _____ (County) _____ (State)
 Injured at home, farm, industry, public place (where?) _____
 Manner of injury _____ Injured at work? _____

23. SIGNATURE Pop Jett M. D. or other _____
 Address Prince Georges Date signed 1/30/48

RECEIVED

FEB 12 1948

BUREAU

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. If correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

00297

Reg. Dist. No. 51

1. PLACE OF DEATH:

County Calvert
 City or town Chaney
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death?
 Hospital, institution, or street address where death occurred:
 How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Calvert
 City or town Chaney
 (If outside city or town limits, write RURAL and give nearest town)
 Street No.
 (If rural, give LOCATION)
 2.(a) If veteran, name war

3. (a) FULL NAME

Annie L. Jacks.

3. (b) Social Security Number

4. Sex F 5. Color or race C 6.(a) Single, married, widowed, or divorced X
 6.(b) Name of husband or wife Elijah Jacks.
 6.(c) If alive, give age 58 years
 7. Birth date of deceased (mo., day, yr.) June 8, 1906.
 8. AGE: Years 41 Months 7 Days 4 If less than one day
 hrs. min.

9. Birthplace md.
 (Town, county, and state)
 10. Usual occupation Domestic.
 11. Industry or business
 12. Name Thomas J. Purvey
 13. Birthplace md.
 14. Maiden name Elizabeth Morris.
 15. Birthplace md.

16. Informant Elizabeth Jacks
 Address Chaney, md.
 17. Burial Date thereof 1-15-48
 (Burial, cremation, or removal. Which?) (month) (day) (year)
 Cemetery or crematory Carroll's.
 Location Calvert.
 18. Funeral director P.F. Sewell
 Address Prince Frederick, Md
 19. 1-14 1948 H.W. Ward
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 1-15-48 at 5 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
 19... to 19...
 and that I last saw him... alive on 19...

Immediate cause of death Pulmonary tuberculosis
 Due to...
 Due to...
 Other conditions...
 (Include pregnancy within 8 months of death)

Major findings of operations... Date of op...
 Autopsy results...
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
 Accident, suicide, or homicide... Date of...
 Where did injury occur? (City or town) (County) (State)
 Injured at home, farm, industry, public place (where?)
 Means of injury Injured at work?

23. SIGNATURE P. de Villanueva M. D. or other
SA Remano
 Address... Date signed Jan 13/48

RECEIVED
JAN 22 1948
BUREAU

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

00298

Reg. Dist. No. 50

1. PLACE OF DEATH:

County Calvert
 City or town Oliver
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? Life
 Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Calvert
 City or town Oliver
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. _____
 (If rural, give LOCATION)

2. (a) If veteran, name war _____

3. (a) FULL NAME

Walter Whitfield Fry

3. (b) Social Security Number

219059840

4. Sex Male 5. Color or race White 6. (a) Single, married, widowed, or divorced Married

6. (b) Name of husband or wife Gertrude Lusby Fry

7. Birth date of deceased (mo., day, yr.) June 25 - 1875
 8. (c) If alive, give age 61 years

8. AGE: Years 72 Months 6 Days 22 hrs. _____ min. _____

9. Birthplace Maryland
(Town, county, and state)10. Usual occupation Painter11. Industry or business Shipyard12. Name John Benedict Fry13. Birthplace Maryland14. Maiden name Henrietta Francis Parker15. Birthplace Virginia16. Informant Barnes LusbyAddress Oliver, Maryland17. Burial Date thereof Jan 19 - 1948
(Burial, cremation, or removal, Which?) (month) (day) (year)Cemetery or crematory M. E. Church CemeteryLocation Oliver, Maryland18. Funeral director A. A. Parkhouse sonAddress Mutual, Maryland19. Jan 17, 1948 Dr. E. S. Coster
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH January 17 - 1948 at 3 A. M.

21. I CERTIFY that death occurred on the date above stated, that I attended deceased from Jan 6 - 1948 to Jan 17 - 1948
 and that I last saw him alive on Jan - 16 - 1948

Immediate cause of death _____

Cornary OcclusionDue to Arteriosclerosis

Due to _____

Other conditions Diabetes mellitus

(Include pregnancy within 3 months of death)

Major findings of operations _____

Date of op. _____

Autopsy results _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____ (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work?

23. SIGNATURE Dr. E. S. Coster M. D. or other _____
Address Solomons, Md. Date signed 1/17/48

MARGIN RESERVED FOR BINDING

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

JAN 27 1948

BUREAU OF

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

00299

CERTIFICATE OF DEATH

Reg. Dist. No. 50

1. PLACE OF DEATH:

County Calvert
City or town Solomons
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 5 years
Hospital, institution, or street address where death occurred:
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
State Maryland County Calvert
City or town Solomons
(If outside city or town limits, write RURAL and give nearest town)
Street No. ✓
(If rural, give LOCATION)
2.(a) If veteran, name war ✓

3. (a) FULL NAME

Kenneth Wesley Saugley (Angley) (adopted child)

3. (b) Social Security Number

4. Sex Male 5. Color or race White 6.(a) Single, married, widowed, or divorced Single
6.(b) Name of husband or wife ✓
6.(c) If alive, give age ✓ years

7. Birth date of deceased (mo., day, yr.) Dec. 4 - 1941

8. AGE: Years 6 Months 1 Days ✓ If less than one day ✓ hrs. ✓ min.

9. Birthplace Baltimore, Maryland
(Town, county, and state)

10. Usual occupation school

11. Industry or business

12. Name Unknown
13. Birthplace

14. Maiden name Annetta Delozier
15. Birthplace Washington, D.C.?

16. Informant Leon Saugley
Address Solomons, Maryland

17. Burial Date thereof Jan. 6 - '48
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Catholic Cemetery
Location Solomons, Maryland

18. Funeral director A. A. Harbues & Son
Address Mutual, Maryland

19. 1/4 48 D.E.S. Poster
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH January 4 19 48 at 8A M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from September 2 19 46 to Jan 19 48
and that I last saw him alive on Jan 19 48

Immediate cause of death

Leukemia - lymphatic

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE E. S. Poster - M.D. M. D. or other

Address Solomons, Md. Date signed 1/4/48

MARGIN RESERVED FOR BINDING

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

UNITED STATES DEPARTMENT OF JUSTICE

OFFICE OF THE ATTORNEY GENERAL

WASHINGTON, D. C. 20530

MEMORANDUM FOR THE ATTORNEY GENERAL

RECEIVED

RECEIVED

JAN 8 1948

ST. PAUL

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

00300

Reg. Dist. No. 51

1. PLACE OF DEATH:

County Calvert
 City or town Solomons
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 10 yrs.
 Hospital, institution, or street address where death occurred:

 How long in hospital or institution? _____

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State md County Calvert
 City or town Solomons
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. _____
 (If rural, give LOCATION)
 2.(a) If veteran, name war _____

3. (a) FULL NAME

James L. Lewis

3. (b) Social Security Number

219-03-4858

4. Sex

M

5. Color or race

W

6.(a) Single, married, widowed, or divorced

M

6.(b) Name of husband or wife

Algira Lewis

7. Birth date of deceased (mo., day, yr.)

Apr. 21, 1884

6.(c) If alive, give age _____ years

60

8. AGE:

Years

Months

Days

If less than one day

63824

hrs.

min.

9. Birthplace

Mathews Co. Va.
(Town, county, and state)

10. Usual occupation

Retired (Govt)

11. Industry or business

FATHER
MOTHER

12. Name

Charles L. Lewis

13. Birthplace

Va.

14. Maiden name

Elba Lewis

15. Birthplace

Va.

16. Informant

Charles L. Lewis Jr.

Address

Hudgins, Va.

17.

Burial

(Burial, cremation, or removal. Which?)

Date thereof

Jan. 18, 1948
(month) (day) (year)

Cemetery or crematory

Mathews Baptist Cms.

Location

Mathews Co., Va.

18. Funeral director

A. A. Harkness & Son

Address

Mutual, Md

19.

(Date rec'd by registrar)

19

H. W. Ward

Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH

January 15, 1948 at 10 M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

19....., to.....19.....

and that I last saw him.....alive on.....19.....

Immediate cause of death

Cerebral hemorrhage

Due to

Hypertension c. & d

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op. _____

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of _____

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

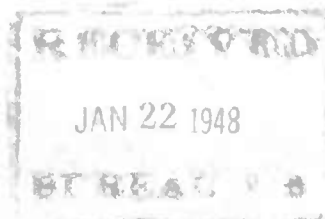
Injured at work?

23. SIGNATURE

St. James

M. D. or other

Date signed Jan 15/48



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

00301

CERTIFICATE OF DEATH

Reg. Dist. No. 52

1. PLACE OF DEATH:

County St. Calvert
City or town St. Beach, Md.
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 29 years

Hospital, institution, or street address where death occurred:
29 years

How long in hospital or institution?

3. (a) FULL NAME

Lilly D. Sammis

3. (b) Social Security Number

4. Sex Female 5. Color or race white 6. (a) Single, married, widowed, or divorced widowed

6. (b) Name of husband or wife Eglert C. Sammis

6. (c) If alive, give age _____ years

7. Birth date of deceased (mo., day, yr.) Aug 23, 1864

8. AGE: Years 83 Months _____ Days _____ If less than one day _____ hrs. _____ min.

8. Birthplace Ind.
(Town, county, and state)

10. Usual occupation Housewife

11. Industry or business

12. Name John Beaver

13. Birthplace Ind.

14. Maiden name Margaret Crisler

15. Birthplace Ind.

16. Informant Reva S. Darrell

Address West Beach, Md.

17. Burial Date thereof Jan 10, 48
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Fort Lincoln Cemetery

Location Almar Manor, Md.

18. Funeral director F. Busch's Sons

Address Hyattsville, Md.

19. Jan 8 19 48 Grace L. Hutchins
(Date rec'd by registrar) Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md. County Calvert

City or town West Beach, Md.
(If outside city or town limits, write RURAL and give nearest town)

Street No. Lee Ave. and D St.
(If rural, give LOCATION)

2. (a) If veteran, name war _____

MEDICAL CERTIFICATION

20. DATE OF DEATH 1/8 19 48 at 11:30 A. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 1/8 19 48, to 1/8 19 48

and that I last saw him alive on 2/10/45 19 _____

Immediate cause of death Cerebral accident

DURATION

Due to _____

Due to _____

Other conditions _____

(Include pregnancy within 8 months of death)

Major findings of operations _____

_____ Date of op. _____

Autopsy results _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____ (City or town) _____ (County) _____ (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work? _____

23. SIGNATURE [Signature] M. D. or other

Address Huntingtown Date signed _____

MARGIN RESERVED FOR BINDING

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

JAN 16 1948

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

00302

Reg. Diat. No. 52

1. PLACE OF DEATH:

County CalvertCity or town Prince Frederick
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 1 day

Hospital, institution, or street address where death occurred:

Prince Frederick HospitalHow long in hospital or institution? 1 day

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State MD County Q. Q.City or town Jewell
(If outside city or town limits, write RURAL and give nearest town)Street No. _____
(If rural, give LOCATION)

2.(a) If votaran, name war

3. (a) FULL NAME

Roland Earle Wayson

3. (b) Social Security Number

4. Sex

M

5. Color or race

W. Kathryn married

6. (a) Single, married, widowed, or divorced

6. (b) Name of husband or wife

Kathryn P. Wayson

7. Birth date of deceased (mo., day, yr.)

June 2, 1905

8. (c) If alive, give age _____ years

8. AGE:

Years

Months

Days

If less than one day

42718

hrs.

min.

9. Birthplace

Jewell Q. Q. Md.

(Town, county, and state)

10. Usual occupation

Fuel Oil Distributor

11. Industry or business

Fuel Oil

12. Name

Roland E. Wayson

13. Birthplace

Bristol Md.

14. Maiden name

L. A. Ward

15. Birthplace

Jewell Md.

16. Informant

Kathryn P. Wayson

Address

Jewell Md.

17.

Burial

(Burial, cremation, or removal. Which?)

Date thereof

1/21/48

(month) (day) (year)

Cemetery or crematory

Friendship

Location

Friendship Md.

18. Funeral director

T. A. Hargreaves & Son

Address

Salisbury Md.

19.

Jan 20, 1948

19. 48

Grace P. H. H. H.

Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH

1/20

19. 48

at 12:20 A. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

17 Jan.

19. 48

to 1/20

19. 48

and that I last saw him alive on 1/19

19. 48

Immediate cause of death

Coronary occlusion

DURATION

Due to

Due to

Other conditions

(Include pregnancy within 8 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

[Signature]

M. D. or other

Address

Huntingtown

Date signed

1/24/48

13
 1948 1 20
 1905 6 2
 42 7 18

RECEIVED
 JAN 31 1948
 BUREAU

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 51

1. PLACE OF DEATH:

County CabotCity or town Prince Frederick
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 25 yrs

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State md County CabotCity or town Prince Frederick
(If outside city or town limits, write RURAL and give nearest town)

Street No. _____

(If rural, give LOCATION)

2.(a) If veteran, name war No

3. (a) FULL NAME

Samuel L. Young

3. (b) Social Security Number

No

4. Sex

M

5. Color or race

W

6.(a) Single, married, widowed, or divorced

M6.(b) Name of husband or wife Bertha Ann Young7. Birth date of deceased (mo., day, yr.) June 4, 1865

8. AGE: Years Months Days If less than one day

82 7 24 hrs. min.

9. Birthplace (Town, county, and state)

10. Usual occupation Farmer

11. Industry or business

12. Name Ira Young13. Birthplace Cabot Co., Md14. Maiden name Elizabeth Johnson15. Birthplace Cabot Co., Md16. Informant Violet YoungAddress Prince Frederick, Md17. Burial Date thereof Jan. 31, 1948

(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Ashbury, N.E.Location Barstow, Md.18. Funeral director O. O. Harkness & SonAddress Mutual, Md19. 1-31 19 48 H. W. Ward

(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

2D. DATE OF DEATH Jan. 28, 1948 at 5:45 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Jan 28, 1948 to 1948and that I last saw him alive on 1948

Immediate cause of death

UremiaDue to due to acute nephritis [H/uratic]Generalized arterio-sclerosis

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE J. L. Villanueva M. D. or otherAddress St Leonard, Md Date signed 1/29/48

RECEIVED
FEB 4 1948
BUREAU